



Our Mission

Working Together to Promote Victims' Rights for a Safer South Dakota

2023-2024 Membership Form

Membership Levels:

___ Agency \$200

___ Individual \$45

___ Survivor \$0

___ Student \$0

Name of Primary Contact: _____

Agency (if applicable): _____

Mailing Address: _____

Phone: _____

Crisis Phone (if applicable): _____

Fax: _____

Email Address of Primary Contact: _____

****If you would like others from your agency added to the email listserv, please email names and email addresses to Kathy at kathy@sdnafvsa.com**

**Please send this completed form and check or proof of student status to
South Dakota Network Against Family Violence and Sexual Assault**

PO Box 90453

Sioux Falls, SD 57109

To pay online, email Kathy at kathy@sdnafvsa.com for more information.